

AFFIDAVIT

For The Emergency Installation Of A Septic Tank

For Property Located In:

Part of _____ 1/4, _____ 1/4, Section _____, T _____ N, R _____ W,

Described as: _____

_____, Town of _____, Barron County, WI

Property Address _____ Tax ID# _____ - _____ - _____

I _____, the undersigned, do hereby acknowledge that I am
(print name)
installing a treatment tank without a soil and system evaluation due to inclement weather and/or a health
emergency. I have authorized _____, Lic# _____ to install the
(Plumber's name)
replacement tank. Further, I acknowledge that a soil and system evaluation will be conducted within 2
months of the date of this document. If the soil absorption system is found to be failing, as defined in
s.145.245(4), Wisconsin Statutes, or not in compliance with State policies regarding continued use of
existing systems and chapter Comm. 83 Wis. Adm. Code, it shall also be replaced. A sanitary permit
shall be obtained immediately upon the completion of the soil and system evaluation.

Owner's Signature

Date

Plumber's Signature

Date

State of Wisconsin)
)
County of _____)

Subscribed and sworn before me this

_____ day of _____, 20_____.

_____, Notary Public

My Commission Expires _____, 20_____.